

**OTHER THAN
SMALL ENTITY**

OR

**OTHER THAN
SMALL ENTITY**

RATE	FEE
RI.....	1..
RI.....	
RI.....	
RI.....	
TOTAL	

* If the difference in column 1 is (or is less than) zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

1/24/06

AMENDMENT A	1/24/06 (Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (31 CFR 1.164-11)	9	Minus	20		-
Independent (31 CFR 1.164-11)	3	Minus	3		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.164-11)					

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.84011)

SMALL ENTITY

DATE	ADDITIONAL FEE
25	/
100	
TOTAL ADDL FEE	

66

**OTHER THAN
SMALL ENTITY**

RATE	ADDITIONAL FEE
K1 <u>50</u>	/
K1 <u>200</u>	
K1 <u> </u>	
TOTAL ADDITIONAL FEE	

6/30/22

(Column 1)

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT 107	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total 137 CFR 1.1602H	5	Minus	22
Independent 137 CFR 1.1602H	2	Minus	...
3			

FIRST PRESENTATION OF WHOLE DEPENDENT CLAIM (37 CFR 1.1602H)

FIRST PRESENTATION OF MULTIPLE DEPENDENT DATA (37 CFR 1.160)

DATE	400
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RATE	ADDITIONAL FEE
2.5	
2.1	
4.5	
TOTAL ADDL FEE	

On

ATE	ADDITIONAL FEE
-----	----------------

RATE	ADDITIONAL FEE
1. _____	
2. _____	
3. _____	
TOTAL	
ADDITIONAL FEE	

AMENDMENT C

	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER ADJUSTMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT PAID
1941 1st CFR 140.1	"	minus	"	"
Independent (3) (10) 140(b)	"	minus	"	"

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 140(d)

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.101)

[illegible]

RATE	ADDITIONAL FEE
25 _____	
25 _____	
45 _____	
TOTAL ADDITIONAL FEE	

21

DATE	ADDITIONAL
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RATE	ADDITIONAL FEE
1.50 <small>per hour</small>	
1.50 <small>per hour</small>	
1.50 <small>per hour</small>	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "1" in column 3.

* If the "Highest Number Promosely Paid For" IN THIS SPACE is less than 20, enter "20"
 * If the "Highest Number Promosely Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Paid For (Total or Independent)" is the highest number

where, in all instances, it is required by 37 C.F.R. 1.14 that the information is required to obtain or claim a benefit (i.e., the patent which

This request is an informational request under 35 CFR 1.514. If the information is required to obtain or retain a benefit in the patent which is the subject of the USPTO proceedings) an affidavit (considerably) is required by 35 U.S.C. 127 and 35 CFR 1.14. This collection is primarily to help the patent owner to complete, including gathering, preparing and submitting the completed application to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Patent Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR INFORMATIONAL CHECKS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

[illegible]

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